

Services for Idaho Ryan White Part B

Note: For services measured in time units. 1 unit = 15 minutes. 2 units = 30 minutes, 3 units = 45 minutes, 4 units = 1 hour

Core Case Management Activities				
Code	Sub-Service	Definition of Service	Required Service Information	Include Dollar Amount?
1100	Initial Eligibility Intake	RWPB Intake and Eligibility Determination Form completion for clients new to agency or previously discharged or lost to care > 90 days	Provider of service , Type of Contact, Units of Service	no amount
1101	ADAP 6-month Recertification	When completing the RW Financial Status and Eligibility Update Form	Provider of service , Type of Contact, Units of Service	no amount
1102	Annual Recertification	When completing RW MCM Annual Recertification Form	Provider of service , Type of Contact, Units of Service	no amount
1200	Annual Assessment	When completing an initial client intake process or annual recertification process.	Provider of service , Type of Contact, Units of Service	no amount
1300	Annual Wellness Plan	The plan must be based on the client's assessment addressing each of the core areas defined in the assessment.	Provider of service , Type of Contact, Units of Service	no amount
1301	Wellness Plan Update	When completing one page RW MCM Wellness Plan Update Form	Provider of service , Type of Contact, Units of Service	no amount
1400	Adherence Follow Up Assessment	To be completed at 2 month intervals or as determined appropriate for clients who are already prescribed medication therapies and who have previously completed the MCM Assessment.	Provider of service , Type of Contact, Units of Service	no amount
1500	Face-to-face Contact	For face-to-face contacts other than assessments. Contacts to family members count as client contact.	Provider of service , Type of Contact, Units of Service	no amount
1600	Collateral Contact	Includes phone and face to face contacts, such as treatment team meetings or other service provision on behalf of a client without that client being present	Provider of service , Type of Contact, Units of Service	no amount

1700	Non-face-to-face Contact	Non face-to-face contacts other than collateral contacts. Phone calls to family members count as client contact.	Provider of service , Type of Contact, Units of Service	no amount
1900	Case Closure	When a client's MCM case is closed. Can be various reasons, moved, over income, client misconduct etc.	Provider of service , Charge no more than 1 Unit of Service, Service Comment	no amount
2000	Adherence Counseling	Should be logged when providing Treatment Adherence Counseling	Provider of service , Type of Contact, Units of Service	no amount
2100	Smoking Cessation Discussion	Logged in time units (1 unit = 15 minutes) and should be logged any time you counsel a client about quitting smoking.	Provider of service , Type of Contact, Units of Service	no amount
2200	HIV Risk Reduction	Logged in time units (1 unit = 15 minutes) and should be logged any time you provide specific information or counsel client about HIV risk reduction activities, safer sex behaviors, IDU risk reduction.	Provider of service , Type of Contact, Units of Service	no amount
4000	HIV Specialist Medical Visit	When a client attends a primary care visit related to their HIV disease (IE: once per quarter at Part C clinic)	One unit = 1 medical visit	no amount

Support Services				
Code	Sub-Service	Definition of Service	Required Service Information	Include Dollar Amount?
5000	Medical Transportation	Provision of a gas voucher, or payment for a bus ticket, taxi, or other means of transportation to medical appointments	Field is prepopulated at \$10.00 per unit (gas vouchers). Change amount to actual expense if using other means of transportation. One unit = 1 trip in that case	must include amount
6000	Emergency Food Assistance	If providing client with grocery store voucher. Cannot be cash assistance or reimbursement for client.	Amount of voucher = 1 unit	must include amount
6100	Housing Assistance	Short term assistance (3 months) Includes payments for housing assistance	Amount of payment = 1 unit	must include amount

6200	Utility Assistance	Short term assistance (3 months), includes payment for essential utilities	Amount of payment = 1 unit	must include amount
6300	Medication Assistance	Payment for medications not covered by ADAP or Insurance Plans, Cannot be used for copays	Amount of payment per medication =1 unit.	must include amount

Referrals				
Code	Sub-Service		Required Service Information	Include Amount?
7000	Oral Health Screening	Once per year	Provider of service, name of agency referred to	no amount
7001	Oral Health Screening follow-up	Follow up with client's oral health referral	Provider of service, indicate outcome	no amount
7100	Substance Abuse Treatment Referral	Annual SAMISS indicates Substance Abuse	Provider of service, name of agency referred to	no amount
7101	Substance abuse Treatment follow-up	Follow up for Substance Abuse referral	Provider of service, indicate outcome	no amount
7200	Mental Health Treatment Referral	Annual SAMISS indicates potential Mental Health needs	Provider of service, name of agency referred to	no amount
7201	Mental Health Treatment follow-up	Follow up for Mental Health referral	Provider of service, indicate outcome	no amount
7300	Food Assistance Referral	food pantries, etc	Provider of service, name of agency referred to	no amount